



California Integrated Waste Management Board



Winston H. Hickox
Secretary for
Environmental
Protection

Linda Moulton-Patterson, Chair
1001 I Street • Sacramento, California 95814 • (916) 341-6000
Mailing Address: P. O. Box 4025, Sacramento, CA 95812-4025
www.ciwmb.ca.gov

Gray Davis
Governor

1999 Rigid Plastic Packaging Container (RPPC)

CIWMB 651 (NEW 4/02)

Product Manufacturer Certification Form

1. Company Name (please provide complete name) _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Contact Person /Title _____ Phone Number _____ e-mail address _____
4. My company packages our products in plastic bottles, jars, jugs, buckets, pails, tubs, drums, clamshells, or other rigid plastic containers.. Yes ☐ No ☐
5. My company sells products in California that are held in RPPCs and therefore we are required to submit the RPPC Product Manufacturer Certification Form. Yes ☐ No ☐
6. Some or all of my company's products qualify for exemption pursuant to Public Resources Code Section 42340, or for a waiver pursuant to PRC section 42330(c). Yes ☐ No ☐
(If "yes", please indicate which of the following are reasons applicable and provide appropriate documentation.)
(a) _____ The product is a food, beverage, cosmetic, drug or medical device;
(b) _____ The containers must comply with the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)
(c) _____ The containers must comply with U.S. DOT hazardous material shipping requirements of Title 49 of the Code of Federal Regulations.
(d) _____ The product or container was first introduced (as defined in Title 14, California Code of Regulations section 17943) and sold in California in 1999.
7. In 1999 all of my company's products, except those that qualify for an exemption or waiver as noted above, were in compliance with Public Resources Code section 42310 et seq. Yes ☐ No ☐

Certification by PRODUCT Manufacturer

8. Certification Instructions:

Only a responsible corporate officer or manager authorized to make management decisions, which govern the operation of this reporting entity, is authorized to sign this form. If the reporting entity is a partnership or sole proprietorship only the general partner or proprietor may sign this form.

I certify under penalty of perjury under the laws of California that the foregoing is true and correct.

Authorized signature

Title

Typed or printed name of person signing

Date

Phone number

[illegible]

Please attach additional sheets if needed

